## <u>Use of web-based health information – for patient</u> <u>practice portal non-users</u>

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This is a questionnaire designed to be completed by adult patients in their home. The tool includes questions to assess attitudes of the non-users regarding patient portals and health information technology on the internet and using mobile phones.

each question. Please fill in each square completely (do not use check marks).								
•	1) In general, how would you rate your overall health?							
	□Excellent □Very good □Good □Fair □Poor							
-	2) What are your current health goals? (Mark all that apply)							
	Manage a chronic illness that I have □ Eat healthier □ Lose weight □ Exercise more							
	□Quit smoking □ Make sure I take my medications as prescribed							
	lake sure I get all the tests I need							
-	In the next 6 months, do you pla	an to take ar	ny actions tha	t would help yo	our overall health?	?		
	es □No □Not sure							
4) How confident are you that you can manage your own health?								
	□Very confident □Somewhat confident □Not too confident □Not at all confident  5) Over the past year, how much information about health and health care did you get from:							
<b>၁</b> ) (	Over the past year, now much in	niormation a	A lot	A little	re ala you get trom:  None at all			
	TV							
	Family and friends							
	Community or church organization			П				
	Newspapers or magazines							
	Internet							
	Books							
6) Here are some statements about comfort with getting and using health information. Do								
•	agree or disagree with each or		itii gettiiig air	a using nearth	illioilliation. Do			
Strongly Somewhat Somewhat Strongly agree agree disagree disagree								
I know exactly what it is that I want to learn about my health								
I can figure out how and where to get health information I need								
I am satisfied with the way I currently learn about health								
I feel that I am in control over how and what I learn about								

Thank you for participating in our research! We appreciate your time. Please answer

USING THE INTERNET FOR HEALTH
7) Have you ever done any of these things online? (Mark all that apply)
□Searched online for information about a disease or medical problem
□Searched online for information about a doctor
□Typed information on a website about what you eat, how much you exercise, or your weight
□Typed information on a website about a chronic illness you have
□Renewed a prescription online
□Sent an email to or got an email from your doctor
□Used a personal health record
□Looked at a test result online
□Used a device that measures health information (like blood pressure) that connects to your computer
□Posted anything online about your health or health care
□Joined an online group that is for a health issue that you or your family member has
□Used an application on a cell phone for any health-related reasons
8) There are websites that you can use to keep track of your health. Would you be interested in using a website to (Mark all that apply)
□Track information about a chronic illness
□Track your diet and calories □Track your exercise
□Remind you when to take prescriptions □Remind you when you need tests
□Stay healthy □Other
9) Here are some ways people can use their health information online. If your health information were available on a website, would you be interested in (Mark all that apply)
□Making sure your information is correct
□Managing your visits, medicines, immunizations, and other information in one place
□Looking at the results of your lab tests or other tests
□Seeing your doctor's instructions for taking care of your health
□Getting a reminder for when you need a test, like a mammogram or immunization
□Renewing prescription medications online
□Scheduling a doctor's visit online
□Sending an email to or getting an email from a doctor or nurse
□Sharing your information with your family

10) Many different groups have websites for people to get, keep, or update their health information. Would you be interested in using this type of website if it were from (Mark all that apply)							
□Your doctor □The hospital you use □Your health insurance plan							
□A government group like Medicare □Your employer							
□A non-profit group like the American Cancer Society or AARP							
□A company like Google or Microsoft							
11) Here are some thoughts about using a website to get, keep, and update your health information. Do you agree or disagree with each one?							
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree			
I would be worried about the privacy of my health information if it were online							
I don't need this to handle my health needs							
I don't like using computers or the Internet							
It would take too much time							
This might cost too much							
12) In general, if your health information were online, how worried would you about the privacy and confidentiality of your information?							
□Very worried □Somewhat worried □Not too worried □Not at all worried							
YOUR DOCTOR'S WEBSITES							
Your doctor's office has two websites. MyPreventiveCare is a website that your doctor's office created to let you see your preventive information and get health recommendations. Intuit Health is a website to let you send and receive emails from your doctor.							
Your doctor would like to make sure that he/she is meeting your information needs. The next series of questions is about MyPreventiveCare.							
13) How did you hear about MyPreventiveCare? (Mark all that apply)  □From staff at the check in desk □From your doctor's nurse							
□ From your doctor □ On the phone or from an email before an office visit							
□On the phone or from an email afte		•		n a poster,			
pamphlet, or check-in card □Other							

14) Think back to when you first used MyPreventiveCare. Please explain why you registered for and used MyPreventiveCare:						
15) Think back to when you first used MyPreventiveCare. What made you feel that your information would be kept safe and private?						
16) Approximately how many times have you visited MyPreventiveCare since setting up your account? times						
17) Each time you visited MyPreventiveCare, how much time, on average, did you spend looking at or using the website? minutes						
18) What material did you look at on MyPreventiveCare? (Mark all that apply)						
□ What I need now □My key dates □My key values □Cancer screening □Heart care						
□Health behaviors □Vaccines □Other						
19) Was your health information in MyPreventiveCare correct?						
□Not at all □Some of it □Most of it □All of it						
20) Did MyPreventiveCare explain things in a way that was easy to understand?						
□Yes □No □Not sure						
21) Did MyPreventiveCare (Mark all that apply)						
□Make you feel like you know more about your health						
□Make you feel like you know more about the care your doctor gives you						
□Lead you to ask your doctor a question you may not have asked before						
□Make you feel more connected to your doctor						
□Lead you to do something to improve your health						
□Make it easier to talk to family about your health						
□Make you feel less likely to switch doctors						
□ Let you find missing or incorrect information						

22) How useful did you find MyPreventiveCare for each of the following:							
	Very useful	Somewhat useful	Not too useful	Not at all useful	Have not done		
Making sure your information is correct							
Keeping and managing your information in one place							
Looking at the results of your lab and other tests							
Learning about when you need tests and care							
Seeing your doctor's instructions for taking care of your health							
23) Overall, how useful did y	ou find MyPr	eventiveCare?					
□Very useful □Somewhat useful □Not too useful □Not useful at all							
24) Would you recommend MyPreventiveCare to your family and friends?							
□Yes □No □Not sure							
Your doctor would like to make sure that he/she is meeting your information needs. The next series of questions is about Intuit Health – the system to email your doctor.							
25) Have you ever used your practice's secure email system, called Intuit Health?							
□Yes □No (If you select this choice, skip to Question #30)							
□Not sure (If you select this ch	oice, skip to Q	uestion #30)					
26) Did Intuit Health (Mark	all that apply	·)					
□Make you feel like you know more about your health							
□Make you feel like you know more about the care your doctor gives you							
□Lead you to ask your doctor a question you may not have asked before							
□Make you feel more connected to your doctor							
□Lead you to do something to improve your health							
□Make it easier to talk to family about your health							
□Make you feel less likely to switch doctors							
□Let you find missing or incorrect information							

27) How useful did you find Intuit Health for each of the following:								
	Very useful	Somewhat useful	Not too useful	Not at all useful	Have not done			
Making sure your information is correct								
Keeping and managing your information in one place								
Looking at the results of your lab and other tests								
Learning about when you need tests and care								
Seeing your doctor's instructions for taking care of your health								
Renewing prescription medications online								
Scheduling a doctor's visit online								
Sending an email to or getting an email from your doctor or nurse								
28) Overall, how useful did you find Intuit Health?								
□Very useful □Somewhat useful □Not too useful □Not useful at all								
29) Would you recommend Intuit Health to your family and friends?  □Yes □No □Not sure								
ABOUT YOU								
30) Your age: 31) What is the highest grade or level of school that you have completed?								
□8th grade or less □Some high school, but did not graduate □High school graduate or GED								
		_	•	_				
□Some college or 2-year degree □4-year college graduate □More than 4-year college degree 32) What was your family's total combined income for the past 12 months?								
□\$20,000 or Less □\$20,001 - \$59,999 □\$60,000 - \$99,999								
□\$100,000 - \$199,999 □\$200,000 or More								
33) Are you of Hispanic or Latino origin or descent?								
☐ Yes, Hispanic or Latino ☐ No, not Hispanic or Latino								
34) What is your race? Please mark one or more.								
□White □Black or African American □Asian □American Indian or Alaska Native								
□Native Hawaiian or Other Pacific Islander □Other								
THANK YOU! Please return the completed survey in the enclosed postage-paid								
envelope								